U S Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P L 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number U - 10886	2 Fiscal Year Covered From			
	1 / 1 / 2004 Through 12 / 31 / 2004			
3 Name and address of person filing	4 Name, file number, and address of labor organization			
Name WILLIAM C TAGGART	Name IATSE LOCAL 160			
	Labor Organization File Number $ \partial / 9 993 $			
P O Box, Bldg , Room No , if any	P O Box, Building and Room Number, if any			
Street 873 RAVINE DRIVE, #207-A	Street 2900 EUCLID AVENUE			
City CLEVELAND	City CLEVELAND			
State Ohio ZIP Code + 4 44112-2359	State Ohio γ ₀ + επι γ ₀ γ . ZIP Code + 4 44115 - 2416			
5 Position in labor organization PRESIDENT	Trey did to approve, the contraction of the contrac			

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A Held an interest in, engaged in transactions (including loa monetary value from an employer whose employees you	pans) with, or derived income or other economic benefit of ur organization represents or is actively seeking to represent
6 Name and address of Employer (including trade name, if any)	7 a Nature of Interest, Transaction, or Income
Name	
Trade Name, if any	
P O Box, Bldg , Room No , if any	
Street	7 b Amount.
City	
State ZIP Code + 4	

Signature

15 Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of	the information
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is	, to the best of the
undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)	* * * * * * * * * * * * * * * * * * * *
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Signed	William C. Taggart	On	08/12/2005	216-681-5528
		•	Date .	Telephone Number

Name of Person Filing WILLIAM TAGGART	File Number U-				
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested					
8 Name and address of Business (including trade name, if any)	9 Business deals with				
Name	a Labor Organization b Trust c Employer				
Trade Name, if any					
P O Box, Bidg , Room No , if any					
Street					
City					
State ZIP Code + 4					
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing				
Name					
Trade Name, if any					
P O Box, Bidg , Room No , if any					
Street	11 b Approximate dollar value of such dealing				
Crty State ZIP Code + 4	12 a Nature of interest held or income received NONE				
Sill 5000 1 4					
	12 b Amount				
C Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value				
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment.				
Name					
Trade Name, if any					
P O Box, Bldg , Room No , if any					
Street					
City					
State ZIP Code + 4					
13 b Is the Business an Employer or Consultant 7	14 b Amount of payment.				